



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
TOTAL HEALTH CARE, INC.

NAIC Group Code	1238 (Current Period)	1238 (Prior Period)	NAIC Company Code	95644	Employer's ID Number	38-2018957
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	07/01/1973		Commenced Business	05/01/1976		
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Mail Address	3011 W. GRAND BLVD. SUITE 1600 (Street and Number or P.O. Box)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Internet Website Address	THCMI.COM		(313)871-2000 (Area Code) (Telephone Number)			
Statutory Statement Contact	NICOLE ROUSH, CFO (Name)		(313)871-6402 (Area Code)(Telephone Number)(Extension)			
	NROUSH@THCMI.COM (E-Mail Address)		(313)871-4762 (Fax Number)			

OFFICERS

Name	Title
RANDY NAROWITZ	EXECUTIVE DIRECTOR
JEANETTE ABBOTT	TREASURER
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR
DOUGLAS PAUL BAKER	CHAIRPERSON
RUBY OCTAVIA COLE	V-CHAIRPERSON/SECRETARY

OTHERS

DIRECTORS OR TRUSTEES

JEANETTE ABBOTT  
RUBY OCTAVIA COLE  
DOREEN CARTER

DOUGLAS PAUL BAKER  
ELIZABETH PRATCHER

State of Michigan  
County of WAYNE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) RANDY NAROWITZ	(Signature) NICOLE ROUSH	(Signature) DOUGLAS PAUL BAKER
(Printed Name) 1. EXECUTIVE DIRECTOR	(Printed Name) 2. CHIEF FINANCIAL OFFICER	(Printed Name) 3. CHAIRPERSON
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019

a. Is this an original filing? Yes[X] No[ ]

b. If no, 1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	25,059,105	.....	.....	.....	.....	25,059,105
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	25,059,105	.....	.....	.....	.....	25,059,105

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....						
0299998 Claim Overpayment Receivables - Not Individually Listed .....	19,225			838,254	838,254	19,225
0299999 Subtotal - Claim Overpayment Receivables .....	19,225			838,254	838,254	19,225
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
<b>Risk Sharing Receivables</b>						
St John's Health System .....	1,804,905					1,804,905
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....	1,804,905					1,804,905
<b>Other Receivables</b>						
MDHHS Maternity Care Rate Receivables .....	647,570					647,570
Pharmacy Admin Fee and Claims Tax Refund .....	154,428					154,428
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	801,998					801,998
0799999 Gross health care receivables .....	2,626,128			838,254	838,254	2,626,128

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....						
2. Claim overpayment receivables .....	436,615	11,636,651	163,504	694,075	600,119	609,134
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....	1,379,974			1,804,905	1,379,974	1,228,103
6. Other health care receivables .....	522,464	4,770,414		801,998	522,464	241,551
7. TOTALS (Lines 1 through 6) .....	2,339,053	16,407,065	163,504	3,300,978	2,502,557	2,078,788

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Envision .....	1,153,266					1,153,266
0199999 Total - Individually Listed Claims Unpaid .....	1,153,266					1,153,266
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	25,653,527					25,653,527
0499999 Subtotals .....	26,806,793					26,806,793
0599999 Unreported claims and other claim reserves .....						12,676,052
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						39,482,845
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						1,995,473

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually Listed Payables				
Total Health Care USA .....	Amount Due to Subsidiary .....	20,707	20,707	
0199999 Total - Individually Listed Payables .....	X X X .....	20,707	20,707	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	20,707	20,707	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups .....	46,111,984	28.044	24,442	47.864		46,111,984
2.	Intermediaries .....						
3.	All other providers .....						
4.	TOTAL Capitation Payments .....	46,111,984	28.044	24,442	47.864		46,111,984
Other Payments:							
5.	Fee-for-service .....	406,367	0.247	X X X	X X X		406,367
6.	Contractual fee payments .....	118,433,755	72.027	X X X	X X X		118,433,755
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....	(521,917)	(0.317)	X X X	X X X		(521,917)
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	TOTAL Other Payments .....	118,318,205	71.956	X X X	X X X		118,318,205
13.	TOTAL (Line 4 plus Line 12) .....	164,430,189	100.000	X X X	X X X		164,430,189

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 TOTALS .....			X X X	X X X	X X X



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 1238 NAIC Company Code 95644

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	52,354							332	52,022	
2. First Quarter	50,320							262	50,058	
3. Second Quarter	52,964							254	52,710	
4. Third Quarter	52,659							251	52,408	
5. Current Year	51,300							234	51,066	
6. Current Year Member Months	619,607								619,607	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	348,589							3,998	344,591	
8. Non-Physician	241,070							1,629	239,441	
9. TOTAL	589,659							5,627	584,032	
10. Hospital Patient Days Incurred	56,922							560	56,362	
11. Number of Inpatient Admissions	7,710							83	7,627	
12. Health Premiums Written (b)	183,700,458							266,725	183,433,733	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	184,052,918							266,725	183,786,193	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	164,430,188							(38,143)	164,468,331	
18. Amount Incurred for Provision of Health Care Services	169,661,621							188,648	169,472,973	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 1238 NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	52,354							332	52,022	
2. First Quarter	50,320							262	50,058	
3. Second Quarter	52,964							254	52,710	
4. Third Quarter	52,659							251	52,408	
5. Current Year	51,300							234	51,066	
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TOTAL Member Ambulatory Encounters for Year:										
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14. Property/Casualty Premiums Written										
15. Health Premiums Earned	184,052,918							266,725	183,786,193	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	164,430,188							(38,143)	164,468,331	
18. Amount Incurred for Provision of Health Care Services	169,661,621							188,648	169,472,973	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4  Name of Company	5  Domiciliary Jurisdiction	6  Paid Losses	7  Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
60739 .....	74-0484030 ...	11/01/2016	AMERICAN NATL INS CO .....	TX .....	1,869,522	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					1,869,522	.....
2199999 Total - Accident and Health - Non-Affiliates .....					1,869,522	.....
2299999 Total - Accident and Health .....					1,869,522	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					1,869,522	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999) .....					1,869,522	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60739	74-0484030	11/01/2017	AMERICAN NATL INS CO	TX	SSL/I	MC	196,741						
60739	74-0484030	11/01/2018	AMERICAN NATL INS CO	TX	SSL/I	MC	79,158						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							275,899						
1099999 Total - General Account - Authorized - Non-Affiliates							275,899						
1199999 Total - General Account Authorized							275,899						
3499999 Total - General Account - Authorized, Unauthorized and Certified							275,899						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							275,899						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							275,899						

**34   Schedule S - Part 4   ..... NONE**

**35   Schedule S - Part 5   ..... NONE**

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums .....					1
2. Title XVIII-Medicare .....		1		11	9
3. Title XIX - Medicaid .....	276	403	593	755	883
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	1,870	213	58		3
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					



SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	68,611,159		68,611,159
2. Accident and health premiums due and unpaid (Line 15) .....	25,059,105		25,059,105
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,869,523		1,869,523
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	12,396,715		12,396,715
6. TOTAL Assets (Line 28) .....	107,936,502		107,936,502
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	39,482,845		39,482,845
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,995,473		1,995,473
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	16,078,490		16,078,490
15. TOTAL Liabilities (Line 24) .....	57,556,808		57,556,808
16. TOTAL Capital and Surplus (Line 33) .....	50,379,694	X X X	50,379,694
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	107,936,502		107,936,502
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CAN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1238	TOTAL HEALTH GROUP .....	95644	38-2018957	.....	.....	.....	TOTAL HEALTH CARE INC .....	.. MI .	.. UDP .	.....	.....	.....	.....	.... N ....	.....
1238	TOTAL HEALTH GROUP .....	12326	38-3240485	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI .	.... DS ..	TOTAL HEALTH CARE INC .....	Ownership, Board of Directors .....	..... 100.0	TOTAL HEALTH CARE INC	.... N ....	.....

Asterisk	Explanation
0000001	.....



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? No
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanation:

Bar Code:

Health Life Supplement - March



Actuarial Opinion on Participating and Non-Participating Policies



Medicare Part D Coverage Supplement



Approval for Relief related to one-year cooling off period for inde. CPA



Schedule SIS



Statement of Non-Guaranteed Elements for Exhibit 5



Approval for Relief related to five-year rotation for lead Audit Partner

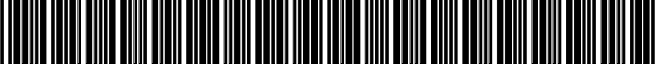


Approval for Relief related to Require. for Audit Committees



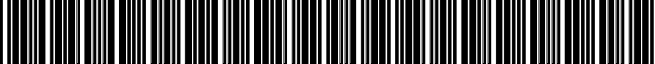
SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

LTC Supplemental Interrogatories



95644201830600000 2018 Document Code: 306

Health Life Supplement - April



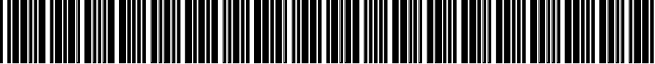
95644201821100000 2018 Document Code: 211

LHA Guaranty Association Reconciliation



95644201829000000 2018 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



95644201830000000 2018 Document Code: 300

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
0604.		X X X		
0605.		X X X		
0606.		X X X		
0607.		X X X		
0608.		X X X		
0697.	Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
0797.	Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	X X X		
1404.				
1405.				
1406.				
1407.				
1408.				
1409.	Other Expense			
1497.	Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			
2997.	Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
4704.			
4797.	Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended DECEMBER 31, 2018  
(To be filed by March 1)  
FOR THE STATE OF MICHIGAN



NAIC Group Code: 1238  
Address (City, State and Zip Code): DETROIT, MI 48202  
Person Completing This Exhibit:

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

Supp12 Michigan



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